

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

Collaborator if any

Artist

M. E. Goslee

FIRST NAME

LAST NAME

Address 15843 Ridge Rd Cleveland 33, Ohio Cuyahoga Tel. BE 7-6625

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

[illegible]

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

M. E. Golder
SIGNATURE

SIGNATURE _____

REC'D MAR 11 1963